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CONFIRMATION NO. 617

<b>SERIAL NUMBER</b> 10/551,612	<b>FILING OR 371(c) DATE</b> 07/26/2006 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> 19644-005US1
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## APPLICANTS

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L/C

## CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US04/10169 04/01/2004 which claims benefit of 60/459,878 04/01/2003

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## FOREIGN APPLICATIONS \*\*\*\*\*

## REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

8/17/2006

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 22	<b>INDEPENDENT CLAIMS</b> 5
5 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examined and Acknowledged Examiner's Signature <u>Chalook</u> Initials _____				

## ADDRESS

6181

## TITLE

Genetic risk test for predicting and assessing the risk of disease

<b>FILING FEE RECEIVED</b> 680	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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